



ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TID		10/6/99
O.I.P.E. CLASSIFIER		3	10/13/09
FORMALITY REVIEW		104477	10-18-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
I Allowed I Interference
(Through numeral) Canceled A Appeal
+ Restricted O Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet

BEST AVAILABLE COPY

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